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SERIAL NUMBER 10/766,749	FILING DATE 01/28/2004  RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 017620-9381
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/907,658 08/08/1997 PAT 5,861,386  
 which is a CON of 08/798,958 02/11/1997 PAT 5,707,980  
 which is a CON of 08/415,488 04/03/1995 PAT 5,602,116  
 which is a CIP of 08/119,895 09/10/1993 PAT 5,403,831  
 which is a CON of 07/812,056 12/17/1991 ABN  
 which is a CON of 07/569,412 08/17/1990 PAT 5,104,864  
 which is a CON of 07/227,371 08/02/1988 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

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## TITLE

Method for treating and preventing secondary hyperparathyroidism

<b>FILING FEE</b>  <b>RECEIVED</b> 385	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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